

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033008

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 252 Primary Registration District No. 5908 Registrar's No. 62

STATE FILE NUMBER

FILED AUG 26 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Montgomery</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jonesburg Mo</u>	a. STATE <u>Mo</u>	b. COUNTY <u>Montgomery</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jonesburg Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>Jonesburg Mo</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last <u>Elizabeth May Graue</u>		Month Day Year <u>Aug-9-1963</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-29-1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Jonesburg Mo</u>
13a. FATHER'S NAME <u>Henry Schumer</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Shermire</u>	14. NAME OF HUSBAND OR WIFE <u>William Graue</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:		17. INFORMANT <u>William Graue Jonesburg Mo</u>	
IMMEDIATE CAUSE (a) <u>Acute Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>	
DUE TO (b) <u>Chronic Myocarditis</u>		P	
DUE TO (c) <u>Arteriosclerotic Nephritis</u>		P	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>New Florence Mo.</u>	
21. I attended the deceased from <u>March 15, 1957</u> to <u>Aug 9, 1963</u> and last saw her alive on <u>Aug 9, 1963</u>		22. DATE SIGNED <u>8-12-63</u>	
22a. SIGNATURE <u>J. O. Helm M.D.</u>		22b. ADDRESS <u>New Florence Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Aug 12, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Florence Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>New Florence, Mo</u>
24. FUNERAL DIRECTOR <u>D B Baker New Florence, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8-12-1963</u> REGISTRAR'S SIGNATURE <u>Laura B. Callaway</u>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed D B Baker

Licensed Embalmer No. 3375

P. O. Address New Florence, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.